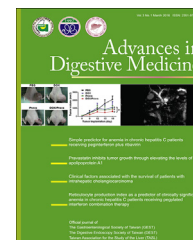


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## IMAGE AND CHALLENGE

## A man with progressive abdominal distension



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## Question

A 77-year-old man with a history of benign prostate hypertrophy and ischemic heart disease was referred to our emergency department because of progressive abdominal distension, constipation, and leg edema for 1 week. There

was no abdominal pain, fever, nausea, vomiting, body weight loss, or dyspnea. The patient had poor appetite and decreased urine output in the past week. On physical examination, the body temperature was 36.6°C. The bowel sound was hyperactive. Distended abdomen without tenderness was detected. Digital examination revealed an enlarged prostate. A kidney ureter bladder radiograph (Fig. 1) revealed a large radiopaque lesion with markedly



Figure 1 Kidney ureter bladder radiograph.



Figure 2 Sagittal reformatted contrast enhanced abdominal computed tomography shows the Chilaiditi's sign (small arrow) and enlarged prostate gland, causing urine retention and exaggerative vesical distension (large arrow).

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dilated colon loops at the transverse segment, and the hepatic and splenic flexures.

What is your impression for this patient?

1. Lower abdominal soft tissue tumor
2. Subacute urine retention with Chilaiditi syndrome
3. Vovulus
4. Colon cancer with obstruction

### Answer

Sagittal reformatted contrast enhanced abdominal computed tomography (Fig. 2) showed the Chilaiditi's sign (small arrow) and enlarged prostate gland, causing urine

retention and exaggerative vesical distension (large arrow). A Foley catheter was inserted and 1850 mL clear urine was drained out. The clinical symptoms improved. Because this patient had severe congestive heart failure, he underwent long-term Foley catheter insertion instead of transurethral prostatectomy. Hepato-diaphragmatic interposition of the bowel, known as Chilaiditi's sign, is a rare and an often asymptomatic anomaly. When this discovery is accompanied by gastrointestinal symptoms, such as constipation, abdominal pain, distension, and vomiting, it is known as Chilaiditi syndrome.

### Conflict of interest

All authors declare no conflicts of interest.